


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000027154</b> 1. Entity Name <b>TEAM ONE MEDIA, L.L.C.</b>	
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Principal Place of Business <b>2209 SOUTH 25TH STREET FT. PIERCE, FL 34947</b>	Mailing Address <b>2209 SOUTH 25TH STREET FT. PIERCE, FL 34947</b>
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**DO NOT WRITE IN THIS SPACE**



03042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>55-0802465</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CREBASSA, MARY ANN  
6803 S FEDERAL HWY  
PORT SAINT LUCIE, FL 34952**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE <b>MGR</b>	<b>LEE, LARRY JR</b>
NAME	<b>2209 SOUTH 25TH STREET</b>
STREET ADDRESS	<b>FT. PIERCE, FL 34947</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000861325  
04/03/08-80004-023 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **3/14/08** **772-461-6622**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #